



## Utah Adult Education Personal Data/SEOP Sheet (please print)

- ☐ Initial application  
☐ Update  
☐ Exit

Enrollment Date \_\_\_\_\_  
Update Date \_\_\_\_\_  
Exit Date \_\_\_\_\_

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Core Descriptive  
Demographics

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

SS ID # \_\_\_\_\_ Gender: Male ☐ Female ☐ Age \_\_\_\_\_

Data Release  
Waiver Signed

☐ Date \_\_\_\_\_

Other Identifying # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State UT Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency/Alternate Contact: \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program Contact \_\_\_\_\_ Program Site \_\_\_\_\_

### Ethnicity: (check one)

- ☐ American Indian or Native Alaskan  
☐ Asian  
☐ Black or African American  
☐ Hispanic  
☐ Native Hawaiian/Other Pacific Islander  
☐ White

## DO NOT WRITE BELOW THIS LINE – FOR PROGRAM USE

### Participant Goal(s) or Reason(s) for Attending and Date of Attainment

Core Outcomes Primary Goal (select one) Secondary Goal (optional)

(1) Primary (2) Secondary Date Attained

- ☐ 1 ☐ 2 Entered Post-Secondary or Job Training Program \_\_\_\_\_  
☐ 1 ☐ 2 Gain Employment \_\_\_\_\_  
☐ 1 ☐ 2 Retain or Improve Employment \_\_\_\_\_  
☐ 1 ☐ 2 Obtain GED \_\_\_\_\_  
☐ 1 ☐ 2 Obtain Diploma \_\_\_\_\_  
☐ 1 ☐ 2 Advance My Educational Functioning Level \_\_\_\_\_

Optional Outcomes Date Attained

- ☐ Increase Involvement in Community Activities \_\_\_\_\_  
☐ Achieve U.S. Citizenship \_\_\_\_\_  
☐ Increase Involvement in Child(s) Education \_\_\_\_\_  
☐ Terminate Public Assistance \_\_\_\_\_  
☐ Register to Vote \_\_\_\_\_  
☐ Increase Involvement in Child(s) Literacy Activities \_\_\_\_\_  
☐ Met Work-based Project Learner Activity \_\_\_\_\_

### Labor Force Status (check only one)

- ☐ Employed  
☐ Not in Labor Force (not seeking employment)  
☐ Unemployed

### Institutionalized (check only one)

- ☐ Correctional Facility  
☐ Community Corrections Facility  
☐ Other Institution

### Student Status (check all that apply)

- ☐ Low Income  
☐ Learning Disabled  
☐ Displaced Homemaker  
☐ Dislocated Worker  
☐ Public Assistance Termination Date \_\_\_\_\_  
☐ Live in Rural Area (population less than 2,500)  
☐ Single Parent

### Literacy Program

- ☐ Homeless Program  
☐ Family Literacy (Even Start)  
☐ Workplace Literacy  
☐ Work-based Learner

# Progress Record

Student's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Comments \_\_\_\_\_

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		ABE and AHSC (ASE)					
PRE- and POST-TEST SCORES		SCORES AND ABE/AHSC ENTERING FUNCTIONING LEVEL					
TABE		Date	Reading	Total Math	Total Language	Average	EFL
All students	Locator						
Pre-Test	Locator						
Pre-Test	Survey / Battery						

  

	Date	Form	Reading L E M D A	Math E M D A	Language E M D A	Battery Average	
Post-Test							
Post-Test							
Post-Test							

		ESOL				
PRE- and POST-TEST SCORES		SCORES AND ESOL ENTERING FUNCTIONING LEVEL				
CASAS		Date	Form	Raw Score	Scale Score	EFL
Pre-Test						
Post-Test						
Post-Test						
Post-Test						

BEST	Date	Score	SPL	EFL
Pre-Test				
Post-Test				
Post-Test				

  

BEST PLUS	Date	Score	SPL	EFL
Pre-Test				
Post-Test				
Post-Test				

Date _____		<input type="checkbox"/> Transcript in student file.  Date _____
I, _____, release all personal data/SEOP information and GED scores, if applicable, to Adult Education and other state agencies for data matching purposes.		
Student signature _____		

